

## **CRC Brainstorming 7/1/02**

### **Problems Identified:**

#### Providers and Organizations

- Lack of GI physicians
- Lack of PCPs to do initial exam before screening
- Language barriers in doctor's offices
- Lack of provider time or reimbursement for certain cultural competencies
- Lack of consistent messaging to clients regarding screening, follow-up
- Health insurance plans may not fully cover the CRC screening method recommended by the provider for the patient
- Confusion by providers over which is the screening strategy to recommend
- Funding is not available to pay for diagnosis and treatment for all who are screened

#### Patients and Communities

- Mistrust of healthcare system
- Confusion between colonic treatments (common in the community—which can be liquids sold on the street [laxative?], enemas, colonic irrigation by chiropractors or other lay providers) and colonoscopy/CRC screening
- Belief in myths about CRC testing
- Many patients have a “fear of knowing” which motivates them to avoid screening and going to the doctor altogether
- Too little funding for screening uninsured, especially in Baltimore City

### **Solutions and Strategies Identified:**

#### Targeting organizations and advocating for payment of CRC testing

- Initiate a screening program in Baltimore City and secure more funding for screening uninsured population
- Initiate a statewide CRC program to pay for diagnosis and treatment, similar to BCCP
- Distribute information on cost-benefit of screening to CEO's, legislators, decision-makers on benefits packages for large groups
- Encourage companies/employers/large corporations to provide education for workers related to available colorectal screening.
- Encourage patients to advocate for screening payment when negotiating, for example, union contracts with companies.
- Work to encourage and support top management that provides screening payment.
- Advocate for payment of CRC screening by health insurers
- Have bi-lingual outreach workers (FTE in all medical facilities?)
- Add CRC screening as HEDIS measure (Health Plan Employer Data and Information Set sponsored, supported and maintained by the National Committee for Quality Assurance)

#### Education of providers

- Examine the Knowledge, Attitudes, and Beliefs of providers (focus groups or survey following focus groups)
- Support collaboration among community organizations to have one consistent message regarding screening.
- Support a “Consensus Meeting” on CRC screening so all doctors will come on board with the same message

- Educate every health care provider regarding the importance of discussing colorectal cancer screening with every client over 50 years.
  1. Educate every provider regarding available screening modalities. *Support colonoscopy as the screening method of choice for all who have no identified contraindications.*
  2. Place paramount importance on the discussion of informed consent when discussing screening.
- Include messages to patients and providers that outline the importance of understanding available medical insurances coverage (also a patient education issue)
- Promote state/ongoing programs (also a patient education issue)

#### Specific training for providers

- Cultural competency training and materials for providers; educate providers regarding cultural diversity and culture sensitivity as part of the knowledge base for informed consent.
- Training in risk assessment and communication

#### Education of the public

- Examine the Knowledge, Attitudes, and Beliefs of public (focus groups)
- Involve community groups in every way possible to spread the message about early screening
- Use role models to target minority (or other) populations for screening
- Patient Navigators in community-based organizations
- Support educational messages to reach every Maryland resident over the age of 50 years that strongly encourage discussion about colorectal cancer with private care provider. Message: Talk to your doctor about colorectal cancer screening (also a provider education issue)
- Support distribution of literature that conveys the above message. Literature must be available to reach all sexes, races, cultures and geographic differences that are present in Maryland.
- Take this message to the general public in every possible forum: mass media, printed materials, billboards, outreach workers, etc.
- Educate each resident over the age of 50 years to be an advocate for himself/herself for colorectal cancer screening.
- Educate regarding informed consent (also a provider education issue)
- Get info on clinical trials to patients (also a provider education issue)